

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
in case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each,  
in order of birth stated.

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of Lila  
District of \_\_\_\_\_  
Town of Globe  
or \_\_\_\_\_  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 192  
County Registrar No. \_\_\_\_\_  
Local Registrar No. 61

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Violet Annie Mugford If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. Legitimate? yes 6. Date of birth March 26, 1925  
Month day year

8. FATHER Full name Arthur Mugford 14. MOTHER Full maiden name Elizabeth Annie Ellis

9. Residence (Usual place of abode) Globe, Ariz. 15. Residence (Usual place of abode) Globe, Ariz.  
If nonresident, give place and state

10. Color or race white 11. Age at last birthday 32 (Years) 16. Color or race white 17. Age at last birthday 23 (Years)

12. Birthplace (city or place) England 18. Birthplace (city or place) England  
(State or country)

13. Occupation Miner 19. Occupation Housewife  
Nature of industry

20. Number of children of this mother (a) Born alive and now living one 21. Were precautions taken against ophthalmia neonatorum? yes  
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead none (c) Stillborn none

## CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 10:12 p. on the date above stated.  
(Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.  
Signature J. C. Harper, M. D.  
(Physician or midwife)  
Address Globe, Ariz.

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. Filed Apr. 1, 1925 E. C. Wightman  
Local Registrar.

Registrar.

Filed

County Registrar.

544-326-552